

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Cabinet Ca</i>		<i>05-28-01</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>10-9-01</i>
FORMALITY REVIEW	<i>M.K.</i>	<i>1107</i>	<i>10/23/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
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22	✓	✓	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	
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34	✓	✓	
35	✓	✓	
36	✓	✓	
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40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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50-859
10/28/01